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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF:

Paul L. Hickman et al.

APPLICATION NO.: 10/751,334

FILED: December 30, 2003

FOR: EXERCISE SYSTEM AND METHOD WITH
VIRTUAL PERSONAL TRAINER
FOREWARNING

EXAMINER: GLENN E. RICHMAN

ART UNIT: 3764

CONFIRMATION NO: 7600

ATTORNEY DOCKET NO.

CYBRP002.US02

Response to Restriction and Amendment

Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action regarding restriction mailed April 17, 2007,
please enter the following amendments and remarks:

Amendments to the Claims start on page 2.

Remarks start on page 8.

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PTO/SB/21 (02-04)

Approved for use through 07/31/2006. OMB 0851-0031

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**TRANSMITTAL
FORM**

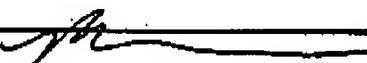
(To be used for all correspondence after initial filing)

TRANSMITTAL FORM (To be used for all correspondence after initial filing)		Application Number	10/761,334
		Filing Date	12/30/2006
		First Named Inventor	Hickman
		Art Unit	3704
		Examiner Name	Richman, G.
Total Number of Pages in This Submission		Attorney Docket Number	CYBRP002.US02

ENCLOSURES (Check all that apply)

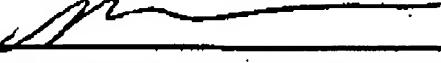
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.62 or 1.63	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TO (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks <small>Please charge any necessary fees for entry of these papers to Dep. Acct. No. 50-3539.</small>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or individual name	Paul L. Hickman		
Signature			
Date	05/17/07		

CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	Paul L. Hickman		
Signature			
		Date	05/17/07

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